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Approved for use through 09/30/2000, OMB 0551-0331
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/530,629	
	Filing Date	June 19, 2000	
	First Named Inventor	Michael Dadd	
	Group Art Unit	2834	
	Examiner Name	Guillermo Perez JAN 9 2002	
Total Number of Pages in This Submission	8	Attorney Docket Number	SHP-PT058

TECHNOLOGY CENTER 2800

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Status Claimed <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Marked-Up Claim Amendment (1 pg.) and Abstract (1 pg.).
Remarks OFFICIAL FACSIMILE SENT VIA TELECOPIER FACSIMILE TO 703-872-9319. PLEASE IMMEDIATELY DELIVER TO EXAMINER GUILLERMO PEREZ, GROUP ART UNIT 2834.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	C. Frederick Koenig III Volpe and Koenig, P.C.	Reg. No. 29,662
Signature		
Date	January 9, 2002	

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being sent via telecopier facsimile (703-872-9319) addressed to:		
Examiner Guillermo Perez, Group Art Unit 2834, on this date:		January 9, 2002
Typed or printed name	C. Frederick Koenig III	
Signature		Date 1/9/02

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Volpe and Koenig Revision of PTO/98/17 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

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**FEE TRANSMITTAL
for FY 2002**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$)

0

Complete if Known

Application Number	09/530,629
Filing Date	June 19, 2000
First Named Inventor	Michael Dadd
Examiner Name	Guillermo Perez
Group Art Unit	2834
Attorney Docket No.	SHP-PT058

METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account
Number

22-0493

Deposit
Account
Name

VOLPE AND KOENIG, P.C.

- ☒ Charge any Deficiencies or Credit any Overpayment
in the Total Fees Associated With This Communication

- ☒ Applicant claims small entity status.
See 37 CFR 1.27

2. ☐ Payment Enclosed:

☐ Check ☐ Credit card ☐ Money
Order ☐ Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description
101 740	201 370			Utility filing fee
106 330	206 165			Design filing fee
107 510	207 255			Plant filing fee
108 740	208 370			Reissue filing fee
114 160	214 80			Provisional filing fee

Fee Paid

SUBTOTAL (1) (\$)

0

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	** =	X	
Multiple Dependent	** =	X	

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description
103 18	203 9			Claims in excess of 20
102 84	202 42			Independent claims in excess of 3
104 280	204 140			Multiple dependent claim, if not paid
109 84	209 42			** Reissue independent claims over original patent
110 18	210 9			** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$)

0

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description
105 130	205 65			Surcharge - late filing fee or oath
127 50	227 25			Surcharge - late provisional filing fee or cover sheet
139 130	139 130			Non-English specification
147 2,520	147 2,520			For filing a request for <i>ex parte</i> reexamination
112 920*	112 920*			Requesting publication of SIR prior to Examiner action
113 1,840*	113 1,840*			Requesting publication of SIR after Examiner action
115 110	215 55			Extension for reply within first month
116 400	216 200			Extension for reply within second month
117 920	217 460			Extension for reply within third month
118 1,440	218 720			Extension for reply within fourth month
128 1,960	228 980			Extension for reply within fifth month
119 320	219 160			Notice of Appeal
120 320	220 160			Filing a brief in support of an appeal
121 280	221 140			Request for oral hearing
138 1,510	138 1,510			Petition to institute a public use proceeding
140 110	240 55			Petition to revive - unavoidable
141 1,280	241 640			Petition to revive - unintentional
142 1,280	242 640			Utility issue fee (or reissue)
143 460	243 230			Design issue fee
144 620	244 310			Plant issue fee
122 130	122 130			Petitions to the Commissioner
123 50	123 50			Processing fee under 37 CFR 1.17(q)
126 160	126 160			Submission of Information Disclosure Stmt
581 40	581 40			Recording each patent assignment per property (times number of properties)
146 740	246 370			Filing a submission after first rejection (37 CFR § 1.129(a))
149 740	249 370			For each additional invention to be examined (37 CFR § 1.129(b))
179 740	279 370			Request for Continued Examination (RCE)
169 900	169 900			Request for expedited examination of a design application

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)

0

SUBMITTED BY

Name (Print/Type)

C. Frederick Koenig III

Registration No.
(Attorney/Agent)

29,662

Complete (if applicable)

Telephone

215-568-6400

Signature

Date

January 9, 2002

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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